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With Compliments of the Author.

**Castration for
Hypertrophied
Prostate.**

—BY—

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CASTRATION FOR HYPERTROPHIED PROSTATE.*

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It seems unkind that a man in declining years should have any difficulty whatever in evacuating the urinary bladder. However unkind it may seem, however, or however thoughtless nature was in the construction of the anatomy of the genito-urinary organs of man, the fact nevertheless remains.

Whether or not it is the result of man's own folly in having lived an irregular life in any one or more of the various dissipations, or whether it is due to any fault in the mode of living of any of his ancestors does not seem to be well understood. That there is some relation between a hypertrophied prostate and tuberculosis I do not question. That the prostate may be influenced more or less by several of the constitutional diseases, especially the acute local diseases of the rectum and genito-urinary system; that a diseased rectum has more or less influence upon the prostate is a foregone conclusion. Hemorrhoids, fissures, fistulae, together

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with strictures, ulcerations and malignant growths, have their influence; in fact, any abnormal condition in the pelvis that will cause congestion is likely to cause the prostate to become larger. It is fibrous in its structure and well supplied with blood vessels and nerves. It is subjected to all the influences arising from the various abnormal conditions of the urine, and especially influenced by a urine that is excessively acid.

The prostate of a man who drinks beer, gin, wine or alcohol in any form is more or less congested and hypertrophied. Its office is supposed to be that of secreting fluid to mingle with that secreted by the testicle. If this is so, excessive coition has its bad influence, and no doubt is many times the cause of hypertrophy in persons with otherwise the most temperate habits. The relation of the testicle to the prostate does not seem to be well understood, unless its office is wholly for this purpose. However, the removal of the prostate does not seem to have any influence upon the testicle. The question naturally arises, what influence will the removal of the testicle have upon the prostate.

It is an established fact that eunuchs

who are made such in childhood never have perceptible prostates. It is also a fact that lambs, dogs, cats, and calves, that have been castrated, are without prostates. This I believe holds good with any animal.

It stands to reason, then, this being the case, that the prostate will atrophy even though the testicles be removed in later life. This may be the reason for degeneration of the testicles in the very old; this, perhaps, is nature's own way of bringing about an atrophied condition in cases that are not unfrequently met with, where the testicles undergo degeneration. Therefore, if this is so, we must give nature credit for more than she has formerly been credited with.

If this is the case, perhaps hypertrophied prostate is the result of some irregularities in the living of man, either directly or indirectly. Thus far there does not seem to have been any surgical procedure giving the least benefit whatever to those so afflicted with the greatest danger. The supra-pubic or perineal section, either one or both combined, are attended with great danger.

This being the fact makes it necessary for the surgeon to look further for the relief of this unfortunate condition. True, aseptic surgery combined with improved technique, has made it possible

for the prostate to be removed by either one of these means with comparative safety; but as the result in surgery, like many other things, is so uncertain, we have not the right to say who will get well or who will die. Even where the patients survive the operation, many of them are neither cured nor even relieved.

As this hypertrophy is found mostly in the old, the operation is all the more complicated. Serious hypertrophy incapacitates a man, as a rule, for business or any enjoyment whatever. It is progressive, and in the course of time develops to such a degree that almost anything is preferable to living. The patient in this, as in many other abnormal conditions, becomes desperate and is willing to take his chances in almost any operative procedure.

If, therefore, the disease has progressed to such a degree, and the patient is suffering to the extent of demanding some surgical interference, is it not but right to do that which offers him the greatest relief, even though it should be asexualization?

Fortunately, this disease usually manifests itself at a time when the sexual life is practically at an end. Even though it were not, the major portion of

them would be willing to undergo the operation of castration in preference to living a life of suffering and unhappiness or undergoing any one or more of the more serious and complicated operations, especially as the operation of castration is of itself a simple one and can be done without practically the least danger to the patient. Of course, the operation should not be made without the patient's consent and his knowledge of the results. From a human standpoint, no man after the age of 70 years should be allowed to beget a child, however great his desire may be. Fortunately, there are not many after that age who have the desire or ability to do such a thing.

Believing as I do, then, that the end justifies the means and that the preponderance of evidence is in favor of castration, producing atrophy of the prostate, I have recently, of course with the consent of the patient, made a castration for hypertrophied prostate.

The patient was white, aet. 74, in a fair physical condition, about six feet tall, weighing 160 or 170 pounds, having formerly weighed something like 200 pounds; consulted me October 23, for a most pitiable condition. The attending physician had not been able to introduce a catheter of any kind into his

bladder, although many attempts had been made. The desire for urinating was frequent, being something like thirty times during the twenty-four hours. The pain was severe and sleep could not be obtained. No kind of medication seemed to give any relief. He had been a temperate, industrious farmer, without ever having had gonorrhea or syphilis. He was the father of a large family, and had within the year had an attack of remittent fever. The prostatic trouble was very much aggravated during and following this attack. He remarked that he would rather be dead than suffer as he had suffered, and that he was willing to undergo any operation that I might suggest. My inclination at first was to make a supra-pubic operation, possibly combining the supra-pubic and perineal.

After thoroughly considering the matter and explaining to him the probable results of the various operations, I decided to remove his testicles. After having him under observation for ten days, I proceeded to operate on the 26th of October, in the presence of Drs. Schenck, Spargur, Joseph Ricketts, Green and Kunz, and my students, Robinson and Laughlin. I removed

the testicles. The arteries were tor-
tioned, the wound closed, and integu-
ment coapted with a continuous silk-
worm suture.

The patient rallied well from the chlo-
roform and suffered no inconvenience of
pain thereafter. The wound was ex-
amined on the fourth day and primary
union was found to have taken place.
He left my hospital at the end of the
sixth day. On the second day after the
operation he told me that he could
urinate with greater ease and that the
pain was slight; that he could sleep four
hours at a time during the night, where-
as formerly he had been getting up once
every hour. This condition continued to
improve during his stay in my hos-
pital.

To Ramm, of Christiana, no doubt be-
longs the priority of this operation for
hypertrophied prostate.

Watson claims that unilateral castra-
tion will cause unilateral atrophy of the
prostate.

"Cousins' opinion is that whatever the
result of division or excision of a portion
of the vast deferens might be upon the
prostatic symptoms so common in old
men, in young men this accident was
always followed by more or less atrophy
and permanent injury of the testicle.

"He had known this accident occur during the old methods of operation for stone."

It is a fact, however, that the removal of the testicles will cause the prostate to disappear even when done late in life.

Mansell-Moullin says that there is no need to fear that it will be followed by any of the changes in the secondary sexual characters that occur when castration is performed in early life.

The following is a list of the operations thus far reported and by whom made, not one failing to result in recovery:

Ramm, April, 1893.....	2
Haynes, California.....	3
Smith, St. Augustine.....	1
White, Philadelphia.....	1
Powell, (Accidental).....	1
Moullin	1
	—
Total	9

The results obtained by these operators, to say nothing of the observations of Mr. White upon the lower animals, are, I am quite sure, of sufficient evidence to warrant the operations of castration to be made in cases of hypertrophied prostate where the patient gives consent.

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